

Department Public Welfare

Office

Memorandum

TO Medical Directors and Administrators DATE: November 12, 1968
Institutions for the Mentally Ill and Mentally Retarded

FROM David J. Vail, M. D.
Medical Director

SUBJECTS Standards for Mental Retardation Programming in State Regional
Facilities

As we move toward the multi-program hospital and regional residential approach, it is necessary that certain guidelines be established in preparation for these changes. The attached standards are effective when an institution decides to plan regional program for the mentally retarded. It should be clear that such planning should include not only internal re-organization, provision of appropriate services, employment of qualified staff, but external components of relevant regional services, agencies, and parental and professional organizations.

Standards for other disability groups will be established later.

cc: Mr. Morris Hursh, Commissioner
Mr. John W. Jackson, Director, Civil Service Department
Mr. Herbert Gardner, Director, Personnel
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Task Force

DEPARTMENT OF PUBLIC WELFARE
Medical Services Division

STANDARDS FOR MENTAL RETARDATION PROGRAMMING IN STATE REGIONAL FACILITIES . . .

That the mentally retarded be housed separately from other disability groups.
That specific residential unit programming be planned and carried out by staff hired and assigned for that purpose.

That institution-wide programming off. the patients' residential wards be planned by staff employed for that purpose, but that delivery of such services may be by professional staff also serving other disability groups. This would emphasize the advantage of centralizing certain professional services that can be delivered in various combinations of disability groups based on the patients' level of functioning.

That diagnostic, intake, evaluation and discharge services be the responsibility of the mental retardation Program staff. This would not preclude that a common social service link with the county welfare departments and other community services could be developed.

That each regional facility establish a Mental Retardation Program Coordinator position with responsibility for planning the residential program for mentally retarded, supervision of residential care programs, development of program planning for all mental retardation units, and coordination of services provided by professional staff and community resources.

That the Mental Retardation Program Coordinator and his staff have latitude in utilizing all resources of the regional facility and the community for the program advantage of patients under his charge. This would then open many possible combinations of services and residential placements for example, 1) temporary placement in a residential unit other than for the mentally retarded specific program advantage or vice versa; 2) integration of certain mentally retarded persons with other disability patients if this is desirable in certain recreational crafts, educational or vocational services if they can benefit from such combinations; 3) utilization of existing community, state, and federal resources for in-hospital programming; 4) assistance in promoting and development of mental retardation facilities and services in the region; and 5) participation in various levels of regional area and county planning for the mentally retarded.

That the process of developing a program for mentally retarded in each regional facility be deliberately spelled out and submitted to Central Office, and that each categorical group of mentally retarded be programmed according to all their physical, educational, social, vocational, medical and emotional needs characteristic of that particular group.

That housing, in so far as possible, be on a group basis catering to home-like residential environment and learning opportunities.